

# **JOB AID: BASIC FOOD PACKAGE DESCRIPTIONS**

05-05-08 rev.:

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## **Background**

Integrated Statewide Information System (ISIS) food packages are specific to participant category. These food packages are made up of food instruments.

To better meet the nutritional needs of the participant, each participant category has several food packages to select from.

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## **Purpose**

To define the base food packages and the food items within each package.

Many of these food packages have one or two food items that can be replaced by other foods (e.g., peanut butter for beans). Different packages may also be selected depending upon the participants' preference. The standard food items listed here are referred to as "default" food items. Default food items are indicated by (a), (b), or (c) next to the food item number. ISIS will provide the default food item unless the user selects another option. For example, beans (B), peanut butter (P), or alternate beans/peanut butter (A) are possible options, but beans is the default food item.

The juice questions require the following process:

- User must answer the first juice question (enter F-Frozen or B-Bottled) before choosing a flavor of juice).
- If an answer is not entered to the first juice question an error message will appear **"You must enter frozen or bottled before choosing a flavor of juice."**
- At the **"What flavor(s) of juice do you want?"** question field press F-4 "Option". Depending on the answer to the first juice question, a screen for frozen or bottled juice list will appear. Place the cursor on the desired juice flavor choice, then press enter. The participant may choose 1 or 2 flavors of juice. **The user must enter at least 1 juice flavor.** The user may also enter the appropriate ISIS code of the participant's juice choice(s) without using the F-4 Option.
- Infants receive only 1 container if they choose bottled juice and 2 containers of juice if they choose frozen juice. If the participant chooses bottled juice and the user enters 2 juice choices, an error message will display **"You may only choose 1 juice flavor for bottled juice with this prescription."**

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## **Purpose** **(Continued)**

**Note:** If a participant chooses only 1 flavor of juice, he/she will receive all juice choices on 1 check. If a participant chooses 2 flavors of juice and receives an odd number of containers of juice, he/she will receive more of the most popular flavor of juice, based on statewide retail purchasing data (e.g., if they choose apple and pineapple and receive 3 cans, they will receive 2 cans of apple and 1 can of pineapple). If a participant chooses 2 flavors of juice and receives an even number of containers of juice, they will receive 2 checks for an equal number of containers of the 2 juice choices.

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## **Contents**

1. A food package table is organized by participant category and identifies the following:
    - a. Food Package I.D.,
    - b. Food Package Name,
    - c. Food Item Number,
    - d. Number of Food Instruments, and
    - e. Basic/Default Food Package Descriptions.
  2. A food item table dated May 5, 2008.
  3. A list of formulas for medical conditions that are categorized according to the source of payment and the participant category.
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**CATEGORY: PREGNANT**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
PS	Pregnant, Standard	002 003 900  1231  301 425(a)	1 1 1  1  1 1	Milk - fl/dry/evap - 1 ½ gal Milk - fl/dry/evap - 2 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 1 lb dry
PSL	Pregnant, Standard, <i>Low Lactose</i>	005 006 901  1231  301 425(a)	1 1 1  1  1 1	Lactose Free Milk/Acidophilus - 1 ½ gal Lactose Free Milk/Acidophilus - 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 1 lb dry
PBE	Pregnant and Exclusively Breastfeeding	002 003 900  1232  301 426(a) 910	1 1 1  1  1 1 1	Milk - fl/dry/evap - 1 ½ gal Milk - fl/dry/evap - 2 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 7 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 2 lb dry Cheese - 1 lb Carrots - 2 lb Tuna - 4 cans (6 oz)
PBEL	Pregnant and Exclusively Breastfeeding, <i>Low Lactose</i>	005 006 901  1232  301 426(a) 910	1 1 1  1  1 1 1	Lactose Free Milk/Acidophilus - 1 ½ gal Lactose Free Milk/Acidophilus - 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 7 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 2 lb dry Cheese - 1 lb Carrots - 2 lb Tuna - 4 cans (6 or 6 1/8 oz)

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
- Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an example therapeutic formula, Nutramigen LIPIL. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

\*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)

**CATEGORY: PREGNANT**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
PH	Pregnant, <i>Homeless</i>	10 100 1265  301 402  428	11 2 4  1 1  2	Milk - fl/evap - ½ gal Cheese - 1 lb block Juice - Any Brand Apple Shelf Stable 1 container (64 oz) Cereal - 36 oz Peanut Butter - 1 jar (18 –24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
PFCS	Pregnant, Needing Formula - Contract	1228  301 1011(a) 1012(a)	1  1 1 1	Juice - Any Brand Orange 3 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Formula - 4 cans powdered Enfamil Lipid Formula - 5 cans powdered Enfamil Lipid
PON	Pregnancy Over, Non-Breastfeeding	001 002 900  1229  301	1 1 1  1  1	Milk -fl/dry/evap -1 gal Milk -fl/dry/evap –1 ½ gal Milk - fluid only - 2 gal Cheese - 2 lb bock Eggs - 2 doz Juice - Any Brand Orange 4 containers (11.5 or 12 oz) Frozen Cereal - 36 oz
PONL	Pregnancy Over, Non-Breastfeeding, <i>Low Lactose</i>	004 005 901  1229  301	1 1 1  1  1	Lactose Free Milk/Acidophilus – 1 gal Lactose Free Milk/Acidophilus – 1 ½ gal Lactose Free Milk/Acidophilus – 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 4 containers (11.5 or 12 oz) Frozen Cereal - 36 oz

**FOOTNOTES:**

- Indicates the food item number for the “**default**” food or formula.
- Indicates an **example** juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an **example** therapeutic formula, Nutramigen LIPIL. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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**CATEGORY: BREASTFEEDING**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
BE	Breastfeeding, Exclusively	002 003 900  1232  301 426(a) 910	1 1 1  1  1 1 1	Milk - fl/dry/evap –1 ½ gal Milk - fl/dry/evap -2 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 7 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 2 lb dry Cheese - 1 lb Carrots - 2 lbs Tuna - 4 cans (6 or 6 1/8 oz)
BEL	Breastfeeding, Exclusively <i>Low Lactose</i>	005 006 901  1232  301 426(a) 910	1 1 1  1  1 1 1	Lactose Free Milk/Acidophilus – 1 ½ gal Lactose Free Milk/Acidophilus - 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 7 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 2 lb dry Cheese- 1 lb Carrots - 2 lb Tuna - 4 cans (6 or 6 1/8 oz)
BEH	Breastfeeding, Exclusively <i>Homeless</i>	010 100 1265  301 402  428 500 450	11 3 5  1 2  2 2 2	Milk - fl/evap - ½ gal Cheese - 1 lb block Juice - Any Brand Apple Shelf Stable 1 container (64 oz) Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz) Tuna – 2 cans (6 or 6 1/8 oz) Carrots - 1 lb

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
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- Indicates an example therapeutic formula, Nutramigen LIPIL. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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**CATEGORY: BREASTFEEDING**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
BC1	Breastfeeding and Formula Combination 1	002 003 900  1231  301 425(a)	1 1 1  1  1 1	Milk - fl/dry/evap-1 ½ gal Milk - fl/dry/evap -2 gal Milk - fluid only- 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 1 lb dry
BC1L	Breastfeeding and Formula Combination 1, <i>Low Lactose</i>	005 006 901  1231  301 425(a)	1 1 1  1  1 1	Lactose Free Milk/Acidophilus – 1 ½ gal Lactose Free Milk/Acidophilus – 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 1 lb dry
BC2	Breastfeeding and Formula Combination 2	001 002 900  1229  301	1 1 1  1  1	Milk - fl/dry/evap - 1 gal Milk - fl/dry/evap - 1 ½ gal Milk – fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 4 containers (11.5 or 12 oz) Frozen Cereal - 36 oz
BC2L	Breastfeeding and Formula Combination 2, <i>Low Lactose</i>	004 005 901  1229  301	1 1 1  1  1	Lactose Free Milk/Acidophilus –1 gal Lactose Free Milk/Acidophilus –1 ½ gal Lactose Free Milk/Acidophilus – 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 4 containers (11.5 or 12 oz) Frozen Cereal - 36 oz

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
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- Indicates an example therapeutic formula, Nutramigen LIPIL. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
BCH	Breastfeeding Combination, <i>Homeless</i>	010 100 1265  301 402  428	11 2 4  1 1  2	Milk - fl/evap - ½ gal Cheese - 1 lb block Juice - Any Brand Apple Shelf Stable 1 container (64 oz) Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
BFCS	Breastfeeding,  Needing Formula -Contract	1228  301 1011(a) 1012(a)	1  1 1 1	Juice - Any Brand Orange 3 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Formula - 4 cans powdered Enfamil LIPIL Formula - 5 cans powdered Enfamil LIPIL

**FOOTNOTES:**

- Indicates the food item number for the “**default**” food or formula.
- Indicates an **example** juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
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**CATEGORY: NON-BREASTFEEDING**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
NS	Non-Breastfeeding, Standard	001 002 900  1229 301	1 1 1  1 1	Milk – fl/dry/evap – 1 gal Milk – fl/dry/evap – 1 ½ gal Milk – fluid only – 2 gal Cheese – 2 lb block Eggs – 2 doz Juice – Any Brand Orange 4 containers (11.5 or 12 oz) Frozen Cereal – 36 oz
NSL	Non-Breastfeeding, Standard, <i>Low Lactose</i>	004 005 901  1229 301	1 1 1  1 1	Lactose Free Milk/Acidophilus – 1 gal Lactose Free Milk/Acidophilus – 1 ½ gal Lactose Free Milk/Acidophilus – 2 gal Cheese – 2 lb block Eggs – 2 doz Juice – Any Brand Orange 4 containers (11.5 or 12 oz) Frozen Cereal – 36 oz
NH	Non-Breastfeeding, <i>Homeless</i>	010 100 1265  301 428	9 2 2  1 2	Milk - fl/evap - ½ gal Cheese - 1 lb block Juice - Any Brand Apple Shelf Stable 1 container (64 oz) Cereal - 36 oz Beans - 2 cans (14-16 oz)
NFCS	Non-Breastfeeding, Needing Formula - Contract	1228  301 1011(a) 1012(a)	1  1 1 1	Juice - Any Brand Orange 3 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Formula - 4 cans powdered Enfamil LIPIL Formula - 5 cans powdered Enfamil LIPIL

**FOOTNOTES:**

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**CATEGORY: INFANT**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
IBE	Infant, Breastfed Exclusively			Breastfed exclusively (No package for infants)
IBEC	Infant, Breastfed Exclusively, Cereal	560	1	Infant Cereal – Gerber Only
IBEJ	Infant, Breastfed Exclusively, Cereal + Juice	1264	1	Juice - Any Brand Apple Shelf Stable 1 container (64 oz) – Infant-no added Calcium
		560	1	Infant Cereal – Gerber Only
ICC	Infant, Breastfed+ Formula – Contract (0-4 months)	1008(a)	1	Formula - 1 can powdered Enfamil LIPIL
ICCC	Infant, Breastfed+ Formula – Contract, Cereal	560	1	Infant Cereal – Gerber Only
		1008(a)	1	Formula - 1 can powdered Enfamil LIPIL
ICCCJ	Infant, Breastfed + Formula – Contract, Cereal + Juice	1264	1	Juice - Any Brand Apple Shelf Stable 1 container (64 oz) - Infant-no added Calcium
		560	1	Infant Cereal – Gerber Only
		1008(a)	1	Formula - 1 can powdered Enfamil LIPIL
ICO	Infant, Breastfed + *FMC (0-4 months)			Prescribed formula provided by <b>other</b> (Nutramigen LIPIL) Rx required. See List #1
ICOC	Infant, Breastfed + *FMC, Cereal	560	1	Infant Cereal – Gerber Only
				Prescribed formula provided by <b>other</b> (Nutramigen LIPIL) Rx required. See list #1
ICOJ	Infant, Breastfed + *FMC, Cereal + juice	1264	1	Juice - Any Brand Apple Shelf Stable 1 container (64 oz) - Infant-no added Calcium
		560	1	Infant Cereal – Gerber only Prescribed formula provided by <b>other</b> (Nutramigen LIPIL) Rx required. See list #1
ICS	Infant, Breastfed + *FMC (0 -4 months)	Shipped to local agency		Prescribed formula provided by <b>WIC</b> . Rx required. See list #3
ICSC	Infant, Breastfed + *FMC, Cereal	560	1	Infant Cereal - Gerber Only
		Shipped to local agency		Prescribed formula provided by <b>WIC</b> . Rx required. See list #3
ICSJ	Infant, Breastfed + *FMC, Cereal + Juice	1264	1	Juice - Any Brand Apple Shelf Stable 1 container (64 oz) - Infant-no added Calcium
		560 Shipped to local agency	1	Infant Cereal - Gerber Only Prescribed formula provided by <b>WIC</b> . Rx required. See list #3

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FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
ICT	Infant, Breastfed + *FMC (0-4 months)	863(c)	1	Formula – 2 containers powder Nutramigen LIPIL Prescribed formula - as provided on <b>WIC Food Instruments</b> (Nutramigen LIPIL) Rx Required. See list #2
ICTC	Infant, Breastfed + *FMC, Cereal	560 863(c)	1 1	Infant Cereal - Gerber Only Formula – 2 containers powder Nutramigen LIPIL Prescribed formula - as provided on <b>WIC Food Instruments</b> (Nutramigen LIPIL) Rx Required. See list #2
ICTJ	Infant, Breastfed+ *FMC, Cereal + Juice	1264 560 863(c)	1 1 1	Juice – Any Brand Apple Shelf Stable 1 container (64 oz) - Infant-no added Calcium Infant Cereal - Gerber Only Formula – 2 containers powder Nutramigen LIPIL Prescribed formula - as provided on <b>WIC Food Instruments</b> (Nutramigen LIPIL) Rx Required. See list #2
IFC	Infant, Formula fed, Contract (0-4 months)	1013(a)	1	Formula - 9 cans powdered Enfamil LIPIL
IFCC	Infant, Formula fed, Contract Cereal	560 1013(a)	1 1	Infant Cereal - Gerber Only Formula - 9 cans powdered Enfamil LIPIL
IFCJ	Infant, Formula fed, Contract, Cereal + Juice	1264 560 1013(a)	1 1 1	Juice - Any Brand Apple Shelf Stable 1 container (64 oz) - Infant-no added Calcium Infant Cereal - Gerber Only Formula - 9 cans powdered Enfamil LIPIL
IFO	Infant, *FMC fed (0-4 months)			Prescribed formula provided by <b>other</b> (Nutramigen LIPIL) Rx required. See list #1
IFOC	Infant, *FMC fed, Cereal	560	1	Infant Cereal – Gerber Only Prescribed formula provided By <b>other</b> (Nutramigen LIPIL) Rx required. See list #1
IFOJ	Infant, *FMC fed, Cereal + Juice	1264 560	1 1	Juice - Any Brand Apple Shelf Stable 1 container (64 oz) - Infant-no added Calcium Infant Cereal – Gerber only Prescribed formula provided by <b>other</b> (Nutramigen LIPIL) Rx required. See list 1

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	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
IFS	Infant, *FMC fed (0 -4 months)	Shipped to local agency		Prescribed formula provided by <b>WIC</b> . Rx Required. See list #3
IFSC	Infant, *FMC fed, Cereal	560 Shipped to local agency	1	Infant Cereal – Gerber Only Prescribed formula provided by <b>WIC</b> . Rx Required. See List #3
IFSJ	Infant, *FMC fed, Cereal + Juice	1264  560 Shipped to local agency	1  1	Juice - Any Brand Apple Shelf Stable 1 container (64 oz) - Infant-no added Calcium  Infant Cereal – Gerber only Prescribed formula provided by <b>WIC</b> . Rx Required. See list #3
IFT	Infant, *FMC fed (0-4 months)	863(c)	4	Formula – 2 containers powder Nutramigen LIPIL  Prescribed formula – as provided on <b>WIC Food Instruments</b> (Nutramigen LIPIL) Rx Required. See list #2
IFTC	Infant, *FMC fed, Cereal	560 863(c)	1 4	Infant Cereal – Gerber Only  Formula – 2 containers powder Nutramigen LIPIL Prescribed formula – as provided on <b>WIC Food Instruments</b> (Nutramigen LIPIL) Rx Required. See list #2
IFTJ	Infant, *FCM fed, Cereal + Juice	1264  560 863(c)	1  1 4	Juice - Any Brand Apple Shelf Stable 1 container (64 oz) - Infant-no added Calcium  Infant Cereal - Gerber Only Prescribed formula - as provided on <b>WIC Food Instruments</b> (Nutramigen LIPIL) Rx Required. See list #2
IFH	Infant, Formula fed, Homeless, (0-4 months)	1010(a)	4	Formula - 3 cans powdered Enfamil LIPIL
IFHC	Infant, Formula fed, Homeless, Cereal	1010(a)  561	4  3	Formula - 3 cans powdered Enfamil LIPIL  Infant Cereal - Gerber Only
IFHJ	Infant, Formula fed, Homeless, Cereal + Juice	1009(a)  561 1264	4  3 1	Formula - 2 cans powdered Enfamil LIPIL   Infant Cereal - Gerber Only Juice - Any Brand Apple Shelf Stable 1 container (64 oz) - Infant-no added Calcium

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FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
IT	Infant Toddler (On or after 1 <sup>st</sup> B-Day)	001 900  1228  300 425(a)	1 1  1  1 1	Milk -fl/dry/evap - 1 gal Milk –fluid only 2 gal Cheese - 2 lb block Eggs – 2 doz Juice - Any Brand Orange 3 containers (11.5 or 12 oz) Frozen Cereal – 36 oz Beans – 1 lb dry
ITI	Infant Toddler (On or after 1 <sup>st</sup> B-Day) <i>Increased Food</i>	001 002 900  1231  300 425(a)	1 1 1  1 1 1	Milk - fl/dry/evap - 1 gal Milk - fl/dry/evap - 1 ½ gal Milk – fluid only - 2 gal Cheese - 2 lb block Eggs – 2 doz Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen Cereal – 36 oz Beans – 1 lb dry
ITL	Infant Toddler (On or after 1 <sup>st</sup> B-Day) <i>Low Lactose</i>	004  901  1228  300 425(a)	1  1  1  1 1	Lactose Free Milk/Acidophilus - 1 gal  Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 3 containers (11.5 or 12 oz) Frozen Cereal – 36 oz Beans – 1 lb dry
ITM	Infant Toddler, Milk (On or after 1 <sup>st</sup> B-Day))	001 101 1228  300 425 476	3 1 1  1 1 1	Milk - fl/dry/evap – 1 gal Cheese - 2 lb block Juice - Any Brand Orange 3 containers (11.5 or 12 oz) Frozen ) Cereal – 36 oz Beans – 1 lb dry Eggs - 2 doz
ITML	Infant Toddler, Milk - Low Lactose  (On or after 1 <sup>st</sup> B-Day)	004  101 1228  300 425(a) 476	3  1 1  1 1 1	Lactose Free Milk/Acidophilus - 1 gal  Cheese - 2 lb block Juice - Any Brand Orange 3 containers (11.5 or 12 oz) Frozen Cereal – 36 oz Beans – 1 lb dry Eggs - 2 doz

**FOOTNOTES:**

- a. Indicates the food item number for the “default” food or formula.
- d. Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
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**CATEGORY: CHILD**

CT	Child - Toddler (<36 Months)	001	1	Milk - fl/dry/evap – 1 gal
		900	1	Milk - fluid only - 2 gal
		1265	1	Cheese - 2 lb block
		300	1	Eggs - 2 doz
CTI	Child – Toddler (<36 Months), <i>Increased Food</i>	425(a)	1	Juice - Any Brand Apple Shelf Stable 1 container (64 oz )
		001	1	Cereal - 36 oz
		002	1	Beans - 1 lb dry
		900	1	
CTL	Child – Toddler (<36 Months), <i>Low Lactose</i>	1231	1	Milk - fl/dry/evap – 1 gal
		300	1	Milk - fl/dry/evap 1 ½ gal
		425(a)	1	Milk - fluid only - 2 gal
		901	1	Cheese - 2 lb block
CTIL	Child – Toddler (<36 Months), <i>Increased Food Low Lactose</i>	1228	1	Eggs - 2 doz
		300	1	Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen
		425(a)	1	Cereal - 36 oz
		901	1	Beans - 1 lb dry
CTM	Child-Toddler, Milk (<36 months)	1231	1	Lactose Free Milk/Acidophilus - 1 gal
		300	1	Lactose Free Milk/Acidophilus - 2 gal
		425(a)	1	Cheese - 2 lb block
		476	1	Eggs - 2 doz
CTML	Child – Toddler, Milk Low Lactose (<36 months)	1228	1	Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen
		300	1	Cereal - 36 oz
		425(a)	1	Beans - 1 lb dry
		476	1	Eggs - 2 doz

**FOOTNOTES:**

- Indicates the food item number for the “**default**” food or formula.
- Indicates an **example** juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an **example** therapeutic formula, Nutramigen LIPIL. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

\*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)

**CATEGORY: CHILD**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
CTH	Child – Toddler, <i>Homeless</i>	010 100 1265  300 402  428	6 2 3  1 1  2	Milk - fl/evap - ½ gal Cheese - 1 lb block Juice - Any Brand Apple Shelf Stable 1 container (64 oz) Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
CP	Child - Pre-school Age (>36 Months)	001 002 900  1228  300 425(a)	1 1 1  1  1 1	Milk - fl/dry/evap - 1 gal Milk - fl/dry/evap- 1 ½ gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 3 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 1 lb dry
CPI	Child - Pre-school Age (>36 Months) <i>Increased Food</i>	001 002 900  1231  300 425(a)	1 1 1  1  1 1	Milk - fl/dry/evap - 1 gal Milk - fl/dry/evap- 1 ½ gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 1 lb dry
CPL	Child - Pre-school Age (>36 Months), <i>Low Lactose</i>	004 005 901  1228  300 425(a)	1 1 1  1  1 1	Lactose Free Milk/Acidophilus - 1 gal Lactose Free Milk/Acidophilus - 1 ½ gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 3 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 1 lb dry
CPIIL	Child - Pre-school Age (>36 Months), <i>Increased Food Low Lactose</i>	004 005 901  1231  300 425(a)	1 1 1  1  1 1	Lactose Free Milk/Acidophilus - 1 gal Lactose Free Milk/Acidophilus - 1 ½ gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Beans - 1 lb dry

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
- Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an example therapeutic formula, Nutramigen LIPIIL. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

\*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)

**CATEGORY: CHILD**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
CPH	Child – Preschool, <i>Homeless</i>	010 100 1265  300 402  428	9 2 3  1 1  2	Milk - fl/evap - ½ gal Cheese - 1 lb block Juice - Any Brand Apple Shelf Stable 1 container (64 oz) Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
CFCS	Child, Needing Formula - Contract	1228  300 1011(a) 1012(a)	1  1 1 1	Juice - Any Brand Orange 3 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Formula - 4 cans powdered Enfamil Lipid Formula - 5 cans powdered Enfamil Lipid
CFO	Child, Needing *FMC	1231(b)  300	1  1	Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen Cereal - 36 oz Prescribed formula provided by <b>other</b> (Nutramigen LIPIIL) Rx Required. See list #4
CFS	Child, Needing *FMC	1231(b)  300  Shipped to Local Agency	1  1	Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen Cereal - 36 oz.  Prescribed formula provided by <b>WIC</b> . Rx Required. See list #3
CFT	Child, Needing *FMC	1231(b)  300 863(c)	1  1 1-4 (1 extra check)	Juice - Any Brand Orange 6 containers (11.5 or 12 oz) Frozen  Cereal - 36 oz. Formula – 2 containers powder Nutramigen LIPIIL Prescribed formula - as provided on <b>WIC Food Instruments</b> (Nutramigen LIPIIL) Rx Required. See List #5

**FOOTNOTES:**

- Indicates the food item number for the “**default**” food or formula.
- Indicates an **example** juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an **example** therapeutic formula, Nutramigen LIPIIL. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

\*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)